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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration S Division of Co			
	KING, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	DIANA BLASCHZYK		
		Name of Person	
	THOMAS W. HILL AND	COMPANY, LLC	
		Firm/Company	
	1314 LAFAYETTE STRE	EET	
		Address	-
	CAPE CORAL, FLORIDA	A 33904	
	DBLASCHZYK@HILLCO	City/State and Zip Code	
	-	to be used for future annual report n	otification)
For further information	concerning this matter, please co	ıll:	
THOMAS W. HILL		239 549-2444	
Name	of Person		ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TS TRUCKING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/01/2005 _____ and assigned Florida document number L05000086661 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RON SEENAUTH	539 SE 33RD ST	<u></u> ■ Add
		CAPE CORAL, FL 33904	☐ Remove
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	AUGUST 7, 2018		
E. Effect (If an el	tive date, if other than the date of filing:	ursuant to 605	.0201
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	ll not be liste	ed as
docui	telle 3 effective date on the Department of State 3 records.		
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlie	2F O
	e 90th day after the record is filed.	are carrie	_, •
	ALICUST 7 2019		
Dated	AUGUST 7, 2018		
	Viagenorine Deenatoff		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00